

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
10	/					
11	/					
12	/					
13	/					
14	/					
15	/					
16	/					
17	/					
18	/					
19	/					
20	/					
21	/					
22	/					
23	/					
24	/					
25	/					
26	/					
27	/					
28	/					
29	/					
30	/					
31	/					
32	/					
33	/					
34	/					
35	/					
36	/					
37	/					
38	/					
39	/					
40	/					
41	/					
42	/					
43	/					
44	/					
45	/					
46	/					
47	/					
48	/					
49	/					
50	/					
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	↓		↓		↓	
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		3				
52		1				
53		3				
54		1				
55		1				
56		1				
57		1				
58	/					
59	/					
60	/					
61	/					
62	/					
63	/					
64	/	1				
65	/	1				
66	/	1				
67	/	1				
68	/	1				
69	/	1				
70	/	1				
71	/	1				
72	/	1				
73	/	1				
74	/	1				
75	/	1				
76	/	1				
77	/	1				
78	/	1				
79	/	1				
80	/	1				
81	/	1				
82	/	1				
83				1		
84				2		
85				2		
86				2		
87				2		
88				1		
89				1		
90				1		
91				1		
92				1		
93				1		
94				1		
95				1		
96				1		
97				1		
98				1		
99				1		
100				1		
TOTAL IND.	3	↓	4	↓		↓
TOTAL DEP.	52	↓	18	↓		↓
TOTAL CLAIMS	55		22			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS